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RAND
Cost Calculator
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3 Learn about basic cost and benefits
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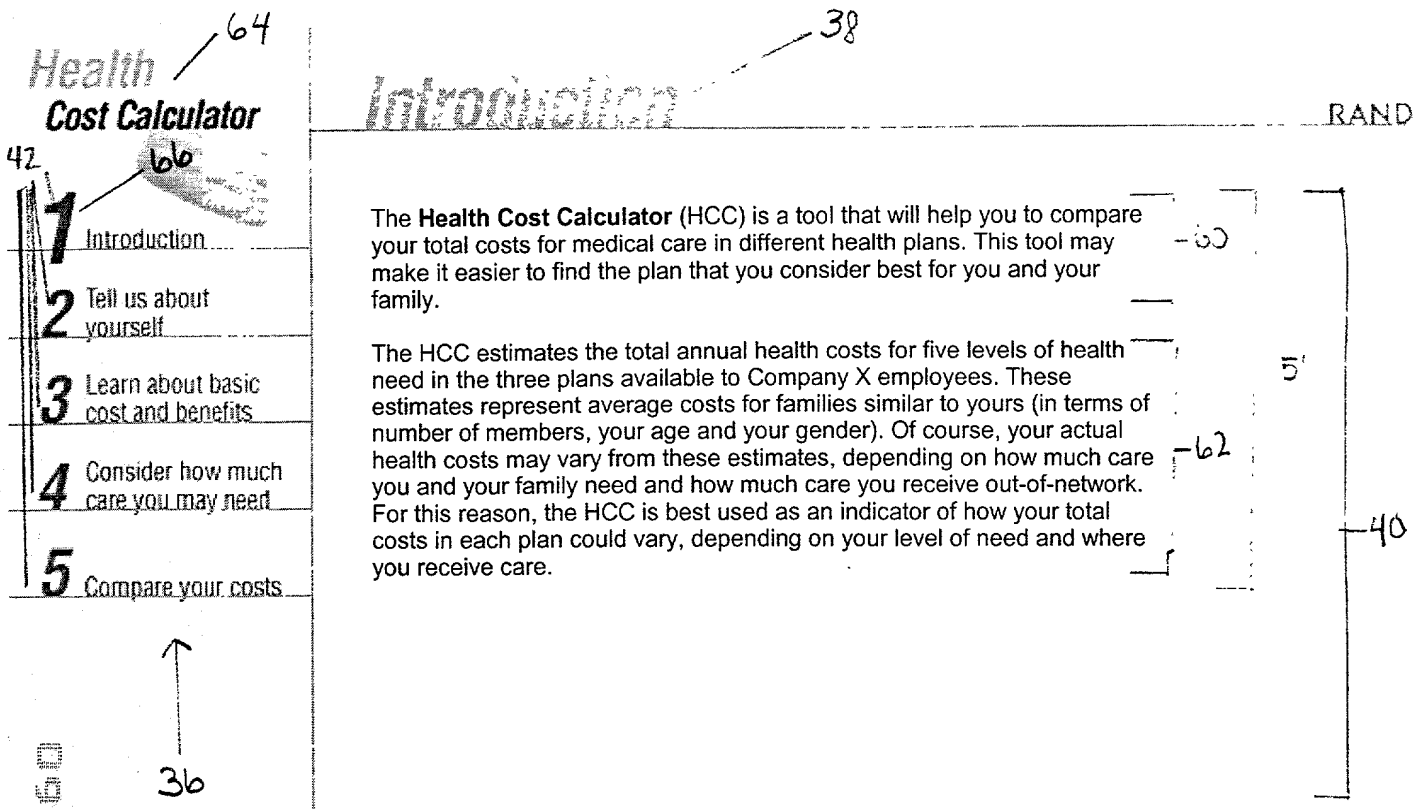
Have you ever tried to estimate how much you are likely to spend on health care next year? The **Health Cost Calculator** can help! ***Just follow the five easy steps on the left.***
The **Health Cost Calculator** will help you to estimate how much each of the three health plans available to you may cost over the next year. All you have to do is provide a little bit of information about yourself and your family in order to receive personalized estimates.
40
Click on Step 1 to begin.
34
52
email your questions or comments
54
56
FIG. 1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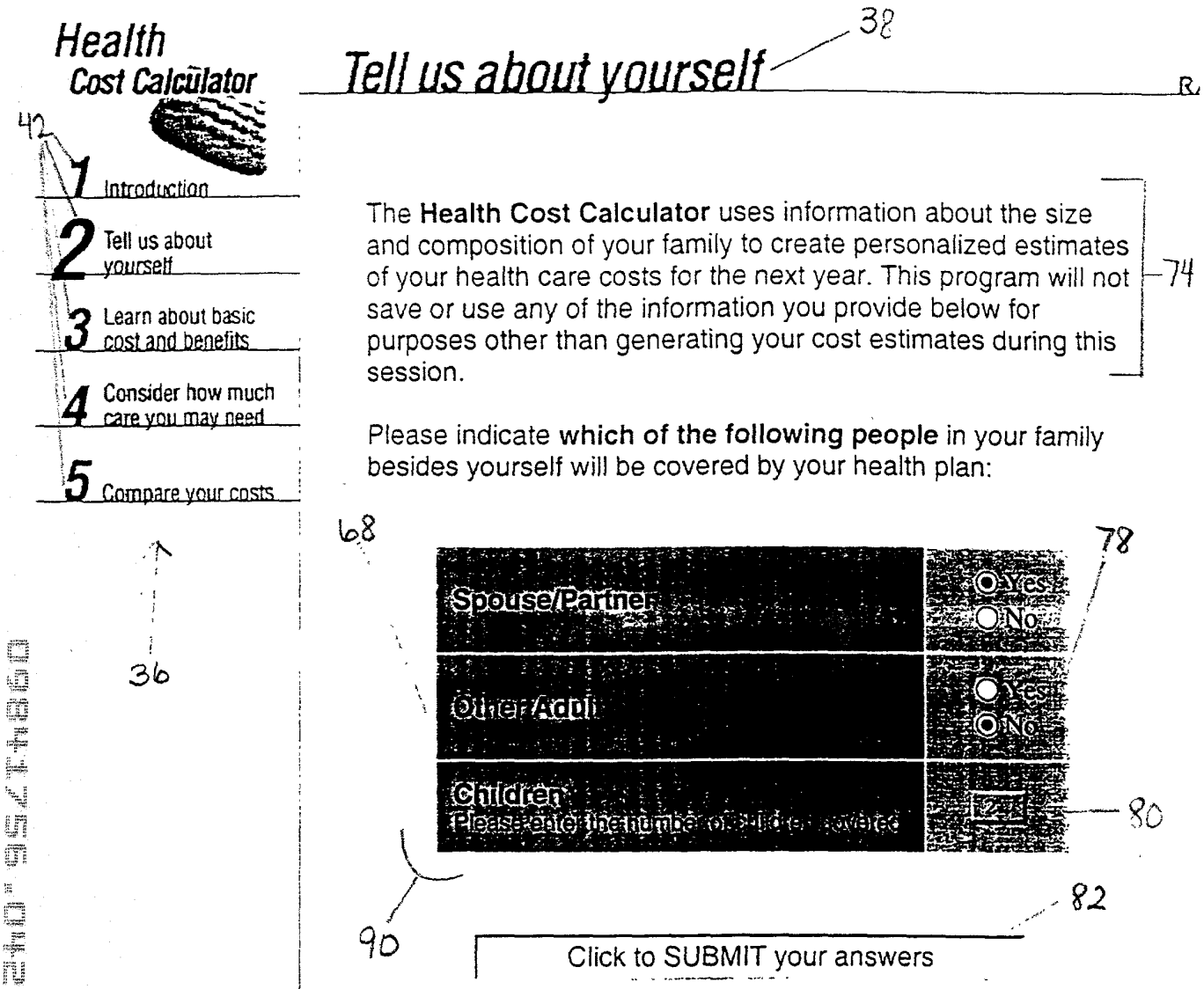
Introduction
RAND
The **Health Cost Calculator** (HCC) is a tool that will help you to compare your total costs for medical care in different health plans. This tool may make it easier to find the plan that you consider best for you and your family.
60
The HCC estimates the total annual health costs for five levels of health need in the three plans available to Company X employees. These estimates represent average costs for families similar to yours (in terms of number of members, your age and your gender). Of course, your actual health costs may vary from these estimates, depending on how much care you and your family need and how much care you receive out-of-network. For this reason, the HCC is best used as an indicator of how your total costs in each plan could vary, depending on your level of need and where you receive care.
62
51
40
*Click on **Step 2** to continue.*
email your questions or comments

FIG. 2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Tell us about yourself
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The Health Cost Calculator uses information about the size and composition of your family to create personalized estimates of your health care costs for the next year. This program will not save or use any of the information you provide below for purposes other than generating your cost estimates during this session.
74
Please indicate which of the following people in your family besides yourself will be covered by your health plan:
68
Spouse/Partner
Other Adult
Children
Please enter the number of children covered
Yes
No
Yes
No
78
80
90
82
Click to SUBMIT your answers
* Children under age 19, unmarried children under 24 if they are full-time students, and older children if they are disabled.
email your questions or comments
56
54

FIG 3a

Health Cost Calculator

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5 Compare your costs

FIG 3b.

Tell us about yourself

RAND

The **Health Cost Calculator** uses information about the size and composition of your family to create personalized estimates of your health care costs for the next year. This program will not save or use any of the information you provide below for purposes other than generating your cost estimates during this session.

What is your **sex**?	Select here
What is your **age***?	Select here
Will your **spouse/partner** be covered by your health plan?	Not applicable
How many **children**** will be covered by your health plan?	0

Click to SUBMIT your answers

* This tool is not intended for people over age 65 because they are eligible for MediCare.
** Children under age 19, unmarried children under 24 if they are full-time students, and older children if they are disabled.

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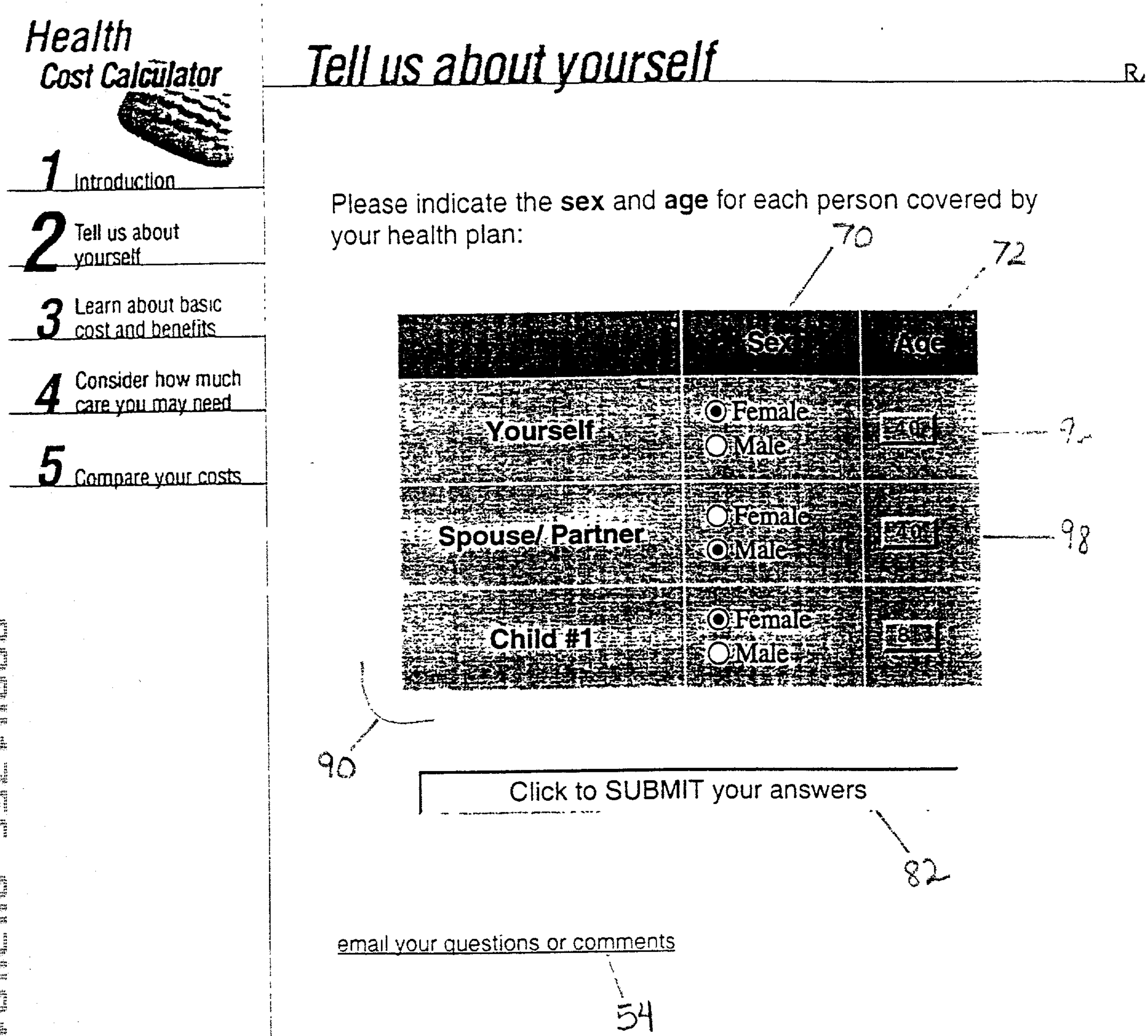
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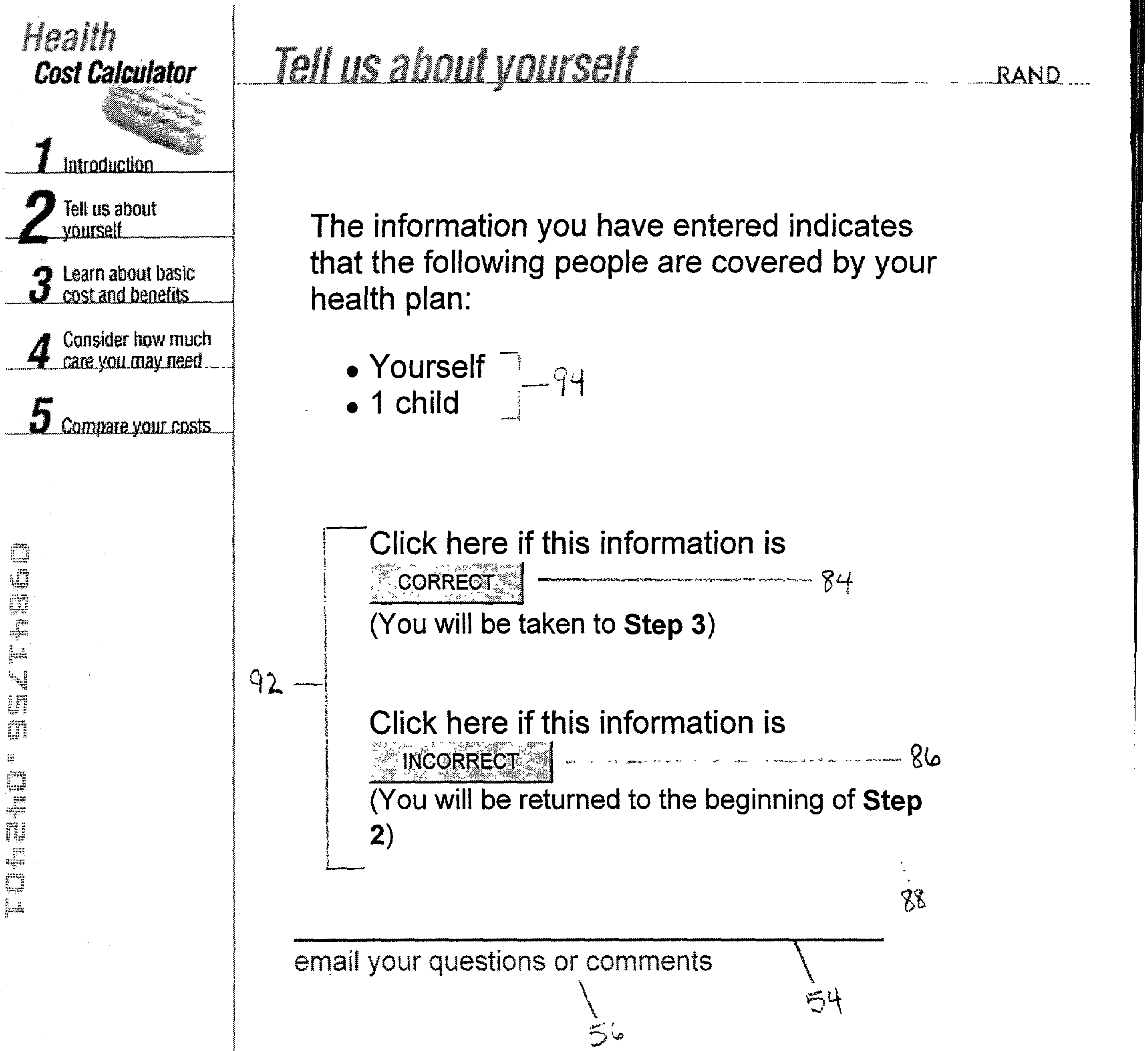
Tell us about yourself
Please indicate the sex and age for each person covered by your health plan:
70
72
Sex
Age
Yourself
Female
Male
Spouse/ Partner
Female
Male
98
Child #1
Female
Male
90
Click to SUBMIT your answers
82
email your questions or comments
54

FIG 4a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Tell us about yourself
RAND
The information you have entered indicates that the following people are covered by your health plan:
• Yourself
• 1 child
94
Click here if this information is
CORRECT
84
(You will be taken to Step 3)
92
Click here if this information is
INCORRECT
86
(You will be returned to the beginning of Step 2)
88
email your questions or comments
54
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FIG. 4b

Health
Cost Calculator

Tell us about yourself — 38

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4 Consider how much care you may need

5 Compare your costs

36

Please indicate the **medical history** of each person covered by your health plan by checking the appropriate boxes below:

98

	Medical Conditions		
Yourself	☐ Condition 1	☐ Condition 8	☐ Condition 15
	☐ Condition 2	☐ Condition 9	☐ Condition 16
	☐ Condition 3	☐ Condition 10	☐ Condition 17
	☐ Condition 4	☐ Condition 11	☐ Condition 18
	☐ Condition 5	☐ Condition 12	☐ Condition 19
	☐ Condition 6	☐ Condition 13	☐ Condition 20
	☐ Condition 7	☐ Condition 14	
Spouse/ Partner	☐ Condition 1	☐ Condition 8	☐ Condition 15
	☐ Condition 2	☐ Condition 9	☐ Condition 16
	☐ Condition 3	☐ Condition 10	☐ Condition 17
	☐ Condition 4	☐ Condition 11	☐ Condition 18
	☐ Condition 5	☐ Condition 12	☐ Condition 19
	☐ Condition 6	☐ Condition 13	☐ Condition 20
	☐ Condition 7	☐ Condition 14	
Child #1	☐ Condition 1	☐ Condition 8	☐ Condition 15
	☐ Condition 2	☐ Condition 9	☐ Condition 16
	☐ Condition 3	☐ Condition 10	☐ Condition 17
	☐ Condition 4	☐ Condition 11	☐ Condition 18
	☐ Condition 5	☐ Condition 12	☐ Condition 19
	☐ Condition 6	☐ Condition 13	☐ Condition 20
	☐ Condition 7	☐ Condition 14	

100

96

Click to SUBMIT your answers — 102

56

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FIG 5

Patent Application Publication Oct. 25, 2007 Sheet 4 of 9 US 2007/0250340 A1

Overview

Most health plans have two types of costs: **premiums** and **out-of-pocket** costs. Premiums are the amount you pay each month after any contribution made by your employer. Out-of-pocket costs are the amount you pay for using health care services under the plan (e.g., deductibles, copayments, and coinsurance). 106 108 107 40

Out-of-pocket costs are harder to compare across plans than premiums, because while premiums are fixed, out-of-pocket costs depend on: 110

- How often you access services
- How the plan covers services 112
- Which providers you use (are they in-network or out-of-network?) 114

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FIG. 6

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38

Glossary

Coinsurance
The employee's share of the medical expenses after satisfying the deductible. Co-insurance is usually expressed as a percentage.

Copayment
A nominal, standard fee charged to HMO members for each office visit or prescription.

Deductible
A fixed dollar amount the member must pay before the health care plan begins to cover costs.

Premium
A monthly fee that employers and/or employees pay for health insurance.

Total Expenditure
Your cost plus costs covered by the health plan.

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FIG 7

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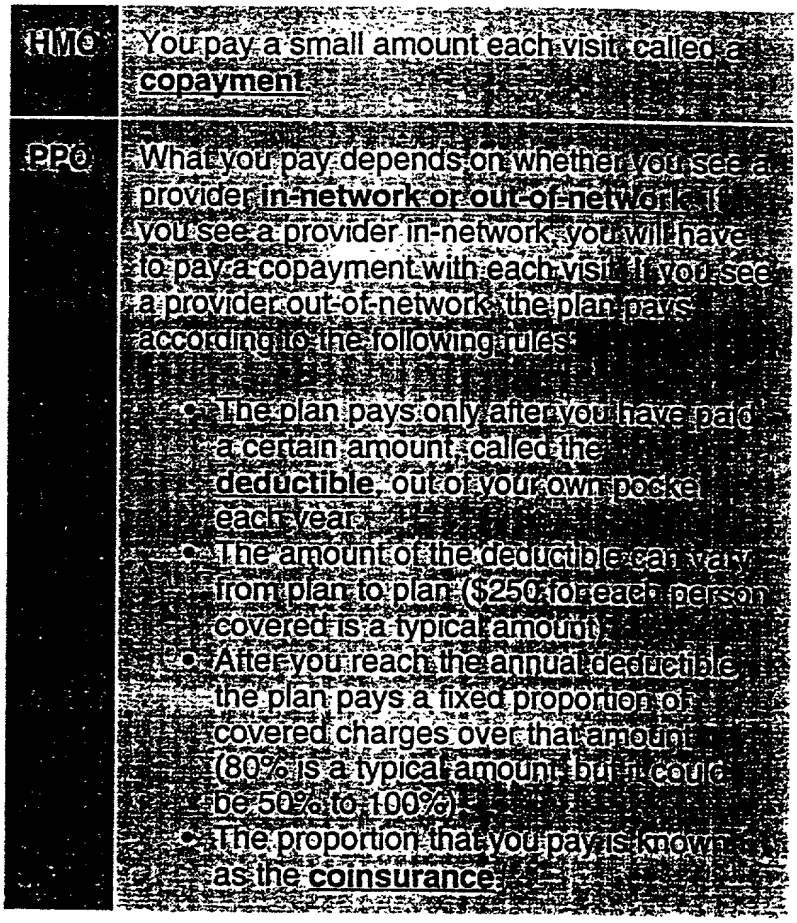
Learn about basic cost and benefits

Out-of-pocket costs depend on how often you access services

Each time you visit the doctor or use some other service, you have to pay for that service.



Many plans set a **maximum out-of-pocket cost**, the maximum amount you have to pay out of pocket during the year. There may be a separate maximum for each family member, a larger overall maximum for the family as a whole, or both. Once your covered medical expenses during a year exceed the maximum (subject to certain exclusions), the plan pays 100% of the remaining covered charges for the year.

The maximum out-of-pocket cost is the most you have to pay in a bad year, when you and your family use a lot

FIG 8

Health Cost Calculator

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- Premiums
- Benefits tables

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5 Compare your costs

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Learn about basic cost and benefits

Out-of-pocket costs depend on how the plan covers services

Most plans will cover some of the cost of hospitals, doctor visits, and prescription drugs. Some plans will cover a portion of other services, such as home health care, home nursing care, or mental health services. Ideally, you want a plan that offers the coverage you need at a cost you can afford. But you may have to consider tradeoffs.

- Choose a plan that covers the costs of any major expenses.
- Think about medical services that you're likely to need and those that would be difficult to pay for if they weren't covered by the plan (e.g., hospitalization).
- You may wish to choose a cheaper plan that doesn't cover certain services that you don't expect to use or whose costs you can handle.
- Check to see if the plan covers any special medical needs that you or your family have (e.g., well-baby care, allergy therapy).

40

Limitations and Exclusions

Plans often have different limitations on and exclusions of certain types of services, such as out-of-hospital care, non-emergency care, preventive care, and so on. Check the exact limits of coverage.

Many plans also set annual or lifetime limits on coverage of some services or conditions, such as alcohol and drug treatment, mental health services, or specialized services such as physical, speech, or occupational therapy. If you or your family may need these services, it's important to consider the precise limits on coverage when choosing a plan.

FIG. 9

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Learn about basic cost and benefits

Out-of-pocket costs depend on which providers you use (in-network or out-of-network)

How much you pay for services can depend on whether you use doctors and hospitals that are part of the health plan's network.

40

- HMOs have a network. You must use the network, and you must obtain a referral from your primary care physician in order to see a specialist. If you go to a doctor or hospital outside the network, or see a specialist without a referral, the plan won't pay.
- PPOs have a network. You will pay less if you use doctors and hospitals that are part of the plan's network and more if you go outside the network.

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FIG. 10

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Learn about basic cost and benefits

R.

Premiums

114

The table below shows your *monthly* contribution to the premium in the plans available to you. The highlighted column is based on health plan coverage for the following people: **yourself**, **your spouse/partner**, and **2 children**.

116

Plan Name	Self	1 dependent*	2 or more dependents
PPO	$0	$117.25	$211.06
Staff-Model HMO	$0	$45.89	$83.98
Mixed-Model HMO	$0	$40.95	$75.01

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* a dependent is a spouse, domestic partner, and/or children

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FIG. 11

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Learn about basic cost and benefits

Benefits tables

The links below provide you with information about the benefits offered by the health plans available to you -- a summary table comparing the basic benefits of the three plans, and three brochures with detailed descriptions of the benefits offered by each plan.

120

40

- Summary of plan benefits
- Basic benefits of Staff-Model HMO
- Basic benefits of Mixed-Model HMO
- Basic benefits of PPO

The tables are PDF files that can be downloaded. You must have Adobe Acrobat Reader Version 3.0 or higher to read the PDF files. This Reader can be downloaded free of charge from the Adobe website.

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FIG. 12

COMPARISON OF HEALTH PLAN BENEFITS*

BENEFITS	PPO	MIXED MODEL HMO	STAFF MODEL HMO
CONCEPT	The PPO Plan protects you and your family against large-out-of- pocket medical expenses. You can select a licensed physician anywhere in the world. If you choose to use the PPO network physicians and facilities, your costs are lower. You may also access out-of-network providers and pay more.	MIXED MODEL HMO is a pre-paid community health plan that emphasizes preventative medicine. Routine services are provided only by Mixed Model HMO facilities or contracting providers. Out-of-area emergency care is covered.	STAFF MODEL HMO is a health care services plan providing services directly in its own hospitals and medical offices. Out-of-area emergency care is covered.
MAXIMUM BENEFIT	UNLIMITED		
ANNUAL DEDUCTIBLE	$300/PERSON, $900/FAMILY		
DOCTOR'S VISITS			
OFFICE	In-Network, after deductible $10 charge for office visit. 15% copayment for all other charges to $2000, then 100% Out-of-Network, after deductible 30% copayment for all charges to $4000, then 100%	$10 charge each visit. Unlimited visits	$10 charge each visit
HOSPITAL		No Charge	No Charge
PREVENTATIVE CARE			
PERIODIC PHYSICAL EXAM	In-Network - $10 charge each office visit, deductible waived Out-of-Network – Not Covered	$10 charge each office visit	$10 charge each visit
WELL BABY CARE	In-Network - $10 charge each office visit, deductible waived Out-of-Network – 30% copayment up to $20 for each visit	$10 charge each office visit	$10 charge each visit
IMMUNIZATION/INOCULATION	In-Network - No Copayment Out-of-Network – 30% copayment up to $12 for each immunization	No Charge	No Charge
EYEGLASS/EXAMINATION	NOT COVERED	$5 charge each office visit	$5 charge each visit

FIG 13 (part 1)

HOSPITAL SERVICE			
ROOM AND BOARD	In-Network, after deductible 15% copayment $1000 if precertification not obtained Out-of-Network, after deductible 30% copayment $2000 deductible (waived for emergency admission)	No Charge for semi-private room. Unlimited number of days; no dollar limit.	No Charge for semi-private room
SURGERY		No Charge	No Charge
INTENSIVE CARDIAC CARE		No Charge	No Charge
SPECIAL DUTY NURSING		No Charge if authorized by Mixed Model HMO.	No Charge if authorized by Staff Model HMO.
OTHER HOSPITAL SERVICES/SUPPLIES		No Charge	No Charge
X-RAY AND LAB TESTS		No Charge	No Charge
AMBULANCE		No Charge if authorized by Mixed Model HMO.	No Charge if authorized by Staff Model HMO
PRESCRIPTION DRUGS	In-Network, after deductible $7 per generic prescription $12 per brand prescription $11 per mail-order prescription – generic or brand 90 day supply Out-of-Network, after deductible 30% coypayment	$5 per generic prescription $5 per formulary brand prescription $25 per non-formulary brand prescription	$7 per prescription.
EMERGENCY MEDICAL SERVICES	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment	$25 copayment, waived if admitted to hospital	Normal co-payments if in Staff Model Facility. *Refer to Disclosure Form/Evidence of Coverage for NON-Staff Model facilities
EXTENDED CARE FACILITY	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment Up to 100 days per calendar year when pre-authorized	Up to 100 days per calendar year in an authorized facility	Up to 100 days per calendar year in an authorized facility

FIG 13 (part 2)

HOME HEALTH SERVICES	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment Up to 100 visits per calendar year when pre-authorized. Not covered when receiving Hospice benefit. Hospice Care – 20% copayment, $7,500 lifetime max.	$10 copayment	No Charge for Home Health or Hospice
HEALTH EDUCATION	Not Covered	No Charge	$10 per visit
MATERNITY			
HOSPITAL	Covered the same as other physician and hospital services	No Charge	No Charge
OBSTETRICS		$10 Charge each office visit.	$10 Charge each office visit.
UNPLANNED INTERRUPTION OF PREGNANCY		$10 Charge each office visit.	No Charge
ALLERGY TESTING	In-Network, after deductible $10 charge for office visit. 15% copayment for all other charges to $2000, then 100% Out-of-Network, after deductible 30% copayment for all charges to $4000, then 100%	$10 charge each office visit.	No Charge
CORRECTIVE APPLIANCES	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment Billed By Supplier 20% copayment Benefits limited to $3,500 for each calendar year. No limit for prostheses following mastectomy or laryngectomy	No Charge includes hearing aids.	Not Covered except for heart pace-makers, hip joints, and prosthesis for mastectomy.
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES			

FIG 13 (part 3)

HOSPITAL	In-Network, after deductible 10% up to $175 each day Out-of-Network, after deductible 30% up to $175 each day	No Charge - 45 days per disability	No Charge - 45 days per calendar year
NON-HOSPITAL	In-Network, after deductible 10% up to $25 per visit Out-of-Network, after deductible 30% up to $25 per visit	One Evaluative Visit at $10. You pay $20 each visit for next 20 visits.	No Charge for first 20 outpatient visits per calendar year. $10 each additional visit. Group therapy charges are reduced.
PREFERRED PROVIDER	$2000 extra deductible for failure to use preferred provider	50% co-payment for hospital and physician	No Charge for individual or group therapy. Hospitalization for medical management of withdrawal costs same as hospitalization for any condition.

*This brief overview does not replace the summary of benefits available from providers or Summary Plan Description available from your Benefits Office.

FIG 13 (part 4)

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4 Consider how much care you may need

- Overview
- Estimating your level of health use
- Levels of health use

5 Compare your costs

Consider how much care you may need

Overview

Your out-of-pocket costs depend on how much health care you and your family will use. Anticipating your level of health use can be difficult. You may find it helpful to consider the following questions:

- What health care did you and your family use last year?
- What health care are you certain that you and your family will use in the next year?
- What health care might you and your family use in the next year? (Consider any chronic conditions or other risk factors that you and your family may have.)

email your questions or comments

FIG. 14

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Health
Cost Calculator

Consider how much care you may need

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- Estimating your level of health use
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5 Compare your costs

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Estimating Your Level of Health Use

The table below can help you determine your family's level of health use typical year. Please enter a number in each table cell and then submit y answers. You may want to print this screen for future reference.

	Anticipated number of Medical Visits	Anticipated number of visits to the Emergency Room	Anticipated number of Hospital Admissions	Anticipat number Prescripti and Ref
Yourself	3	1	0	2
Your Spouse/Partner	3	0	0	2
Child #1	3	0	0	2
Child #2	3	0	0	2

* Visits to a primary care physician or specialists include all associated services (such labs and x-rays)

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128

134

SUBMIT your answers

56

ema

FIG 15

Consider how much care you may need

Levels of Health Use

The table below provides five examples of levels of health use, ranging from **no use** to **very high use**. Read the table and think about which level of care you and your family are likely to use over the next year.

Based on your family's anticipated health use, your *estimated total expenditure* (your cost plus insurer's cost) is **$2,500**. This puts your family in the **moderate use** category in the table below.

Examples of Typical Yearly Utilization for Five Levels of Health Care Use for Families Like Yours

Levels of Health Care Use	Average Number of Services Used Each Year**	Total Expenditure your cost plus covered costs	Percent at Each Level of Use***
No Use	Premium only No visits or prescriptions	$0	24
Low Use	3 medical visits 0 emergency room visit 0 hospital admission 8 prescriptions and refills	$1-1,000	26
Moderate Use	11 medical visits 1 emergency room visit 0 hospital admission 17 prescriptions and refills	$1,001-3,000*	24
High Use	20 medical visits 1 emergency room visit 0 hospital admission 28 prescriptions and refills	$3,001-10,000	20
Very High Use	30 medical visits 2 emergency room visit 1 hospital admission 39 prescriptions and refills	> $10,000	6

* Similar in terms of age, sex, family size, and medical conditions.
** The numbers provided in this table are totals for families like yours. The doctor visits, emergency room visits, and hospital admissions include all associated services, such as labs and x-rays.

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FIG 16

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*** Percent of families (or individuals) like yours at each level of use, based on a national sample of 1.8 million privately insured households.

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Compare your costs

R

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- Out-of-network costs
- Worst-case scenario
- For more information

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In-Network Costs

The table below shows an estimate of your total annual cost for each health plan, for various levels of health care need. These estimates assume you and your family receive all of your care within the health plan's network. Based on your family's estimated level of health use, the **moderate use** category has been highlighted for you. Be sure to consider what your cost would be if you need more or less care.

For example, the number in the upper left corner - **$2,533** - is the amount you would pay if you chose **PPO** and you didn't go to the doctor at all during the next year. In this case, you would only pay the annual premium, which is $2,533. The number just above the number in the bottom right corner - **$1,585** - is the amount you would pay if you chose **Mixed-Model HMO** and you needed a large amount of care during the next year. This amount includes the annual premium ($900), plus $685 for copayments and other expenses.

40

In-Network Costs for Families like Yours

Estimates of Your Family's Total Annual Health Care Costs if You Receive All of Your Care IN-SIDE the Network, Including Premiums, Deductibles and Coinsurance*

Level of Health Use	No Use (premium only)	Low Use	Moderate Use	High Use	Very High Use
PPO	$2,533	$2,763	$3,285	$4,099	$5,726
Staff-Model HMO	$1,008	$1,093	$1,230	$1,379	$1,552
Mixed-Model HMO	$900	$1,012	$1,185	$1,381	$1,585
No insurance	$0	$606	$2,547	$8,092	$35,136

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140

142

* Similar in terms of age, sex, family size, and medical conditions.

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FIG 17

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email your questions or comments

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Health Cost Calculator

Compare your costs

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Out-of-Network Costs

What if you use a doctor or hospital **outside of your plan's network**? PPO plans include out-of-network coverage as part of the benefit package. HMO plans, however, do not cover out-of-network care at all; if you go to a doctor outside the HMO network, you must pay all of the bills yourself.

The table below shows the costs associated with receiving all your care from out-of-network health care providers. For **PPO**, the table is based on the assumption that you use out-of-network providers, but that hospitalizations and outpatient surgery take place in network. For **Staff-Model HMO** and **Mixed-Model HMO**, the table is based on the assumption that all care is provided out-of-network (because these plans provide no regular out-of-network benefit). If you use a mix of in-network and out-of-network providers, your costs will fall somewhere between those shown in the Out-of-Network Costs table below and the In-Network Costs table on the previous page. In **PPO**, if you use out-of-network hospitals or outpatient surgery centers, your costs will be higher than those shown in the Out-of-Network Costs table below.

Based on your family's estimated level of health use, the **moderate use** category has been highlighted for you. Be sure to consider what your cost would be if you need more or less care.

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Out-of-Network Costs for Families Like Yours*

Estimates of Your Family's Total Annual Health Care Costs You Receive All of Your Care OUTSIDE Its Network (including premium, copayments, deductibles, coinsurance, and charges that are not covered by your healthcare plan)

Level of Health Use	No Use premium only	Low Use	Moderate Use	High Use	Very High Use
PPO	$2,533	$2,969	$3,950	$6,093	$12,651
Staff-Model HMO	$1,008	$1,667	$3,711	$9,311	$39,806
Mixed-Model HMO	$900	$1,559	$3,604	$9,204	$39,698
No insurance	$0	$659	$2,704	$8,304	$38,798

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* Similar in terms of age, sex, family size, and medical conditions.

FIG 18

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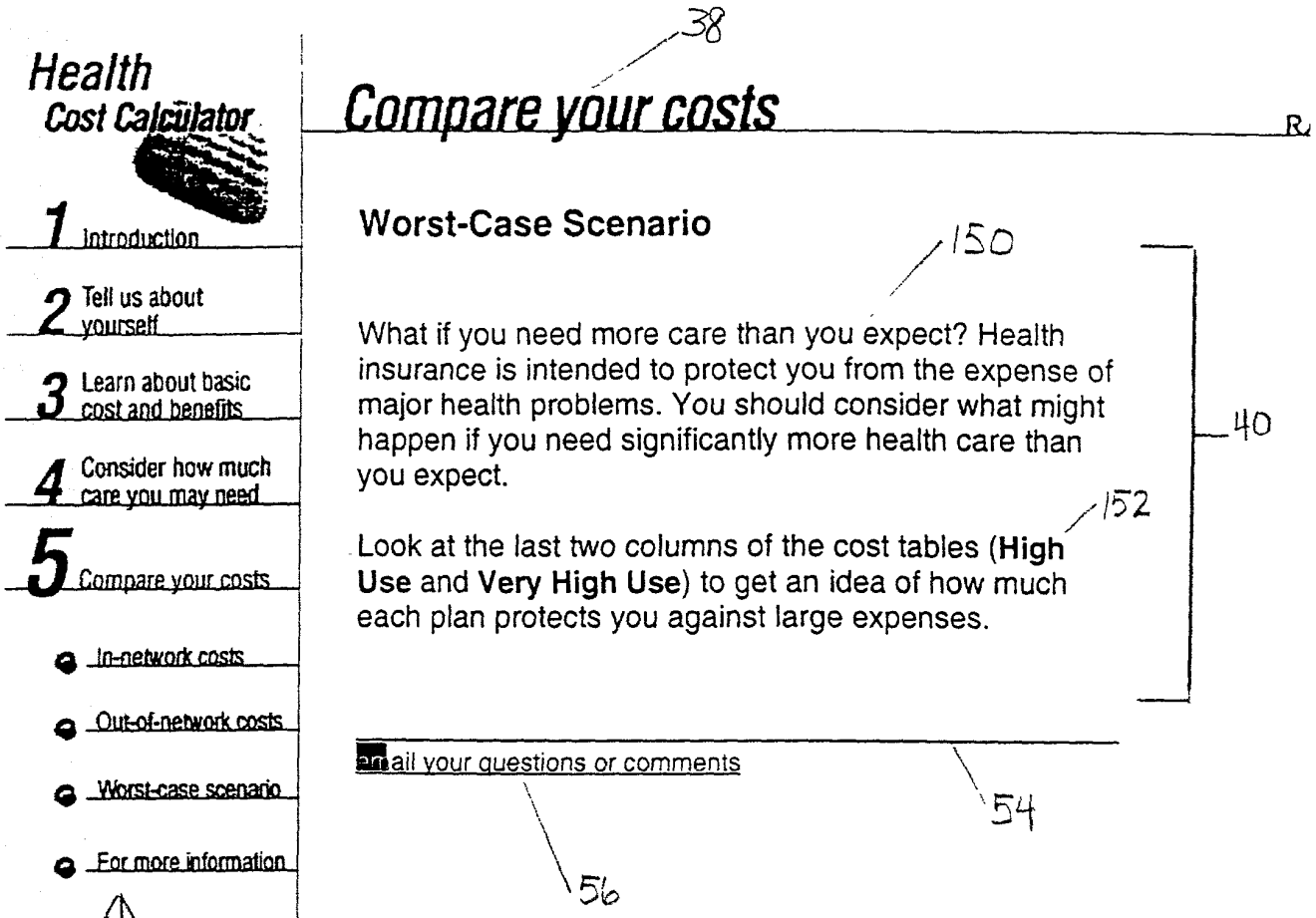
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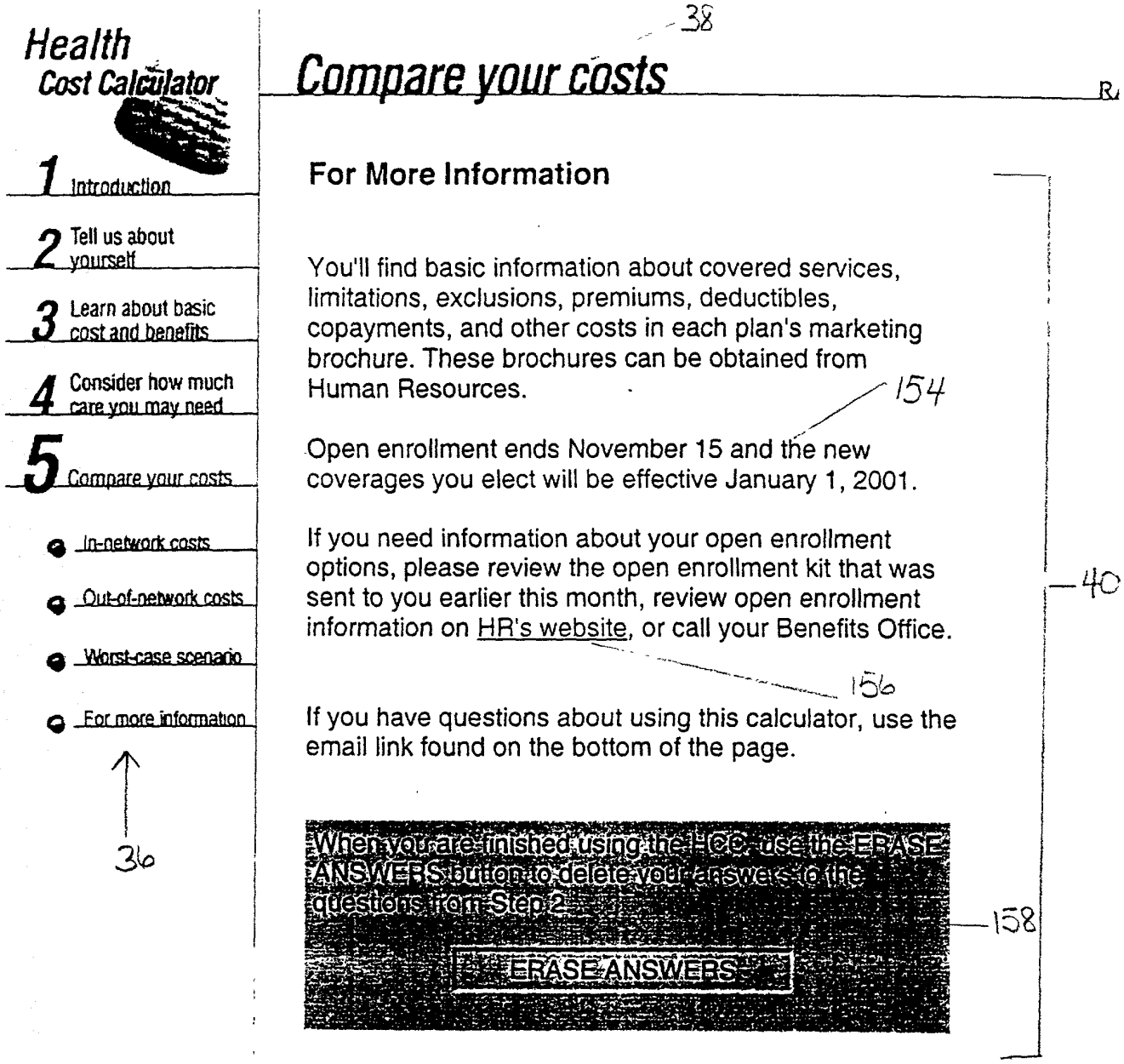
What if you need more care than you expect? Health insurance is intended to protect you from the expense of major health problems. You should consider what might happen if you need significantly more health care than you expect.
152
Look at the last two columns of the cost tables (High Use and Very High Use) to get an idea of how much each plan protects you against large expenses.
40
email your questions or comments
54
56

FIG. 19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Compare your costs
For More Information
You'll find basic information about covered services, limitations, exclusions, premiums, deductibles, copayments, and other costs in each plan's marketing brochure. These brochures can be obtained from Human Resources.
154
Open enrollment ends November 15 and the new coverages you elect will be effective January 1, 2001.
If you need information about your open enrollment options, please review the open enrollment kit that was sent to you earlier this month, review open enrollment information on HR's website, or call your Benefits Office.
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If you have questions about using this calculator, use the email link found on the bottom of the page.
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When you are finished using the HCC, use the ERASE ANSWERS button to delete your answers to the questions from Step 2.
ERASE ANSWERS
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email your questions or comments
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FIG. 20

Health
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Looking at cost by condition

In-Network Costs

The links below will take you to tables which show estimates of the total annual cost to treat different medical conditions in the plans available to you. These estimates assume you and your family receive all of your care **within** the health plan's network.

The medical conditions listed for each family member are those you entered in Step 2.

Person 1	Condition 1 Condition 4 Condition 5
Person 2	Condition 4 Condition 7
Person 3	no medical conditions

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FIG. 21

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In-Network Costs for Person 1, Condition 1

The table below shows estimates of your total annual cost to treat Condition 1 in the plans available to you. These estimates represent average costs for people similar to you* if you receive all of your care within the health plan's network.

For example, the number in the upper left corner - **$20** - is the amount you would pay to treat medical Condition 1 if you chose **PPO** and your condition required very low use of services during the next year. The number just above the number in the bottom right corner - **$350** - is the amount you would pay to treat medical Condition 1 if you chose **Mixed-Model HMO** and your condition required very high use of services.

In-Network Costs for Treating Condition 1 for People Like Person 1*

Estimates of [illegible] Total Annual Health Care Costs to Treat Condition 1 If You Receive All of Your Care INSIDE the Network (includes copayments, deductibles, co-insurance and charges that are not covered by your insurance plan)

	Very Low Use (0-20%)**	Low Use (20-40%)**	Moderate Use (40-60%)**	High Use (60-80%)**	Very High Use (80-100%)**
PPO	$20	$150	$600	$1,300	$2,400
Staff-Model HMO	$10	$50	$100	$200	$350
Mixed-Model HMO	$10	$50	$100	$200	$350
No insurance	$100	$500	$1,500	$3,000	$10,000

* Similar in terms of age, sex, and medical condition.
** We divided the distribution of use of services to treat Condition 1 into quintiles, ranging from the lowest 20% of use to the highest 20% of use. "Very low use" is thus defined as level of use falling in the lowest 20% of the distribution of use for treating Condition 1.

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FIG 22

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Looking at cost by condition

Out-of-Network Costs

What if you use a doctor or hospital **outside of your plan's network** to treat a particular medical condition?

PPO plans include out-of-network coverage as part of the benefit package. HMO plans, however, do not cover out-of-network care at all; if you go to a doctor outside the HMO network, you must pay all of the bills yourself.

The links below will take you to tables which show estimates of the total annual cost to treat different medical conditions in the plans available to you. These estimates assume you and your family receive all of your care **outside** of the health plan's network.

The medical conditions listed for each family member are those you entered in Step 2.

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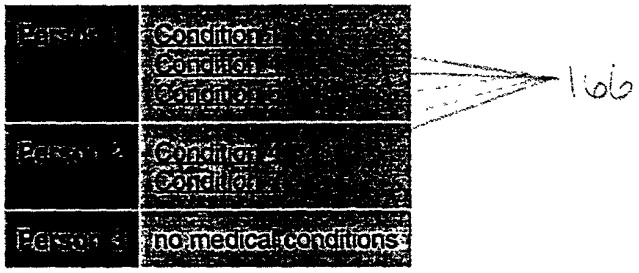

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FIG 23

Health
Cost Calculator

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Out-of-Network Costs for Person 1, Condition 1

The table below shows the costs associated with receiving all your care for treating Condition 1 from out-of-network health care providers. These estimates represent average costs for people similar to you*.

For **PPO**, the table is based on the assumption that you use out-of-network providers, but that hospitalizations and outpatient surgery take place in network. For **Staff-Model HMO** and **Mixed-Model HMO**, the table is based on the assumption that all care is provided out-of-network (because these plans provide no regular out-of-network benefit). If you use a mix of in-network and out-of-network providers, your costs will fall somewhere between those shown in the Out-of-Network Costs table below and the In-Network Costs table on the previous page. In **PPO**, if you use out-of-network hospitals or outpatient surgery centers, your costs will be higher than those shown in the Out-of-Network Costs table below.

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	Very Low Use (0-20%)**	Low Use (20-40%)**	Moderate Use (40-60%)**	High Use (60-80%)**	Very High Use (80-100%)**
PPO	$40	$250	$800	$1,500	$4,000
Staff-Model HMO	$100	$500	$1,500	$3,000	$10,000
Mixed-Model HMO	$100	$500	$1,500	$3,000	$10,000
No insurance	$100	$500	$1,500	$3,000	$10,000

* Similar in terms of age, sex, and medical condition.
** We divided the distribution of use of services to treat Condition 1 into quintiles, ranging from the lowest 20% of use to the highest 20% of use. "Very low use" is thus defined as level of use falling in the lowest 20% of the distribution of use for treating Condition 1.

FIG. 24

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